

APR 04 2019

UNITED STATES DISTRICT COURT

for the

Eastern District of North Carolina

PETER A. MOORE, JR., CLERK
US DISTRICT COURT, EDNC
BY AS DEP CLKvidually and as ADMINISTRATRIX of the Estate OF VE)Plaintiff/Petitioner)

v.)

LC d/b/a Sava Senior Care, LLC d/b/a McGregor Down)Defendant/Respondent)Civil Action No. 4:19-cv-47-H**APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)**

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: N/A

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

N/A

My gross pay or wages are: \$ N/A, and my take-home pay or wages are: \$ N/A per
(specify pay period) N/A.

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- | | | |
|--|---|-----------------------------|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Rent payments, interest, or dividends | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability, or worker's compensation payments | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts, or inheritances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other sources | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

4. Amount of money that I have in cash or in a checking or savings account: \$ 500.00 .

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name *(describe the property and its approximate value)*:

I am the owner of a 1999, Grand Cherokee Jeep Laredo.

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses *(describe and provide the amount of the monthly expense)*:

Rent: \$650, Utilities: \$600 ; Life Insurance: \$50; Car Insurance \$200; Legal Fees\$500; Medical Ins \$60; Credit Card bills and personal loans \$800; Gas \$200; Food \$500.

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

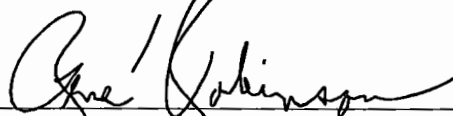
I have 7 grandchildren which I contribute to their living expenses when needed by their parents, amounts of support is based on their individual need at the time such as clothes etc. Each of my two children are single parents,. I try to financially assist them in their times of emergency and/or priortory need.

8. Any debts or financial obligations *(describe the amounts owed and to whom they are payable)*:

I owe 65,000 in credit card debt; which is assigned to a Debt Consolidation Company. I never was in debt, until I instituted legal actions on behalf of my deceased mother.

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: April 3rd, 2019



Applicant's signature

Rene Robinson

Printed name

Print

Save As...

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Reset